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FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055141 (1)

1. Corporation Name

CUIDAO (USA) IMPORT CO., INC.

Principal Place of Business

3201 WEST GRIFFIN ROAD, SUITE 204
FORT LAUDERDALE FL 33312

Mailing Address

POST OFFICE BOX 820
HALLANDALE FL 33008-0820



3. Date Incorporated or Qualified

06/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 3201 W. Griffin Rd.

Suite, Apt. #, etc.

22 Suite 204

City & State

23 Ft. Lauderdale, Fl

Zip

24 33312

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0675653

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Edward L. Magdycz

82 Street Address (P.O. Box Number is Not Acceptable)

3201 W. Griffin Rd., Suite 204

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33312

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Edward L. Magdycz Sec

Edward L. MAGDYCZ

4/21/97

(Signature, type or printed name of registered agent, if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☒ DELETE
NAME WALKER, ROBERT K
STREET ADDRESS 3201 WEST GRIFFIN ROAD, SUITE 204
CITY-ST-ZIP FORT LAUDERDALE FL 33312

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE President & Director ☐ Change ☒ Addition
2.2 NAME C. Michael Fisher
2.3 STREET ADDRESS 1717 Jerymn Lane
2.4 CITY-ST-ZIP VA Beach, VA 23454

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Secretary & Director ☐ Change ☒ Addition
3.2 NAME Edward L. Magdycz
3.3 STREET ADDRESS 1800 Bayberry Dr.
3.4 CITY-ST-ZIP Pembroke Pines, Fl 33024

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Francis J. Hornick, Jr.
4.3 STREET ADDRESS 3307 Cricket Hollow Lane
4.4 CITY-ST-ZIP Chesapeake, VA 23321

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward L. Magdycz Sec

4/21/97

(954)964-1060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)